

C.06 Risk Management

1.0 INTRODUCTION/BACKGROUND

The Mercy Services Board and Management recognise that risk management is an essential governance consideration, and is integral to the quality improvement system. Mercy Services intends to embed risk management in a very practical way into key organisational controls and processes.

Australian Council on Healthcare Standards (ACHS) (2010:261) cites the Australian Standard criteria for an effective risk management system as being that it should:

- create and protect value by contributing to the demonstrable achievement of objectives and improvement of performance
- be an integral part of all organisational processes
- be a part of decision making
- explicitly address uncertainty
- be systematic, structured and timely
- be based on the best available information
- be tailored to the organisation
- take human and cultural factors into account
- be transparent and inclusive
- facilitate continual improvement of the organisation.

Mercy Services adopts the same conception of risks as covering either clinical or corporate areas (ACHS 2007:18)



Corporate risks

| |
|---|
| <p>Financial</p> <ul style="list-style-type: none"> • Resource allocation • Budget and resource management • Risk management processes • Treasurer’s instructions • Contract management • Fiduciary failures |
|---|



Clinical risks

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| <p>Operational</p> <ul style="list-style-type: none"> • Clinical services and procedures • Clinical and management process failures • Equipment and infrastructure failures • Rules, policies and standards • Workforce management • Training and education |
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| |
|---|
| <p>Political</p> <ul style="list-style-type: none"> • State and Commonwealth relations • Organisational culture • State and Commonwealth legislation and regulations • Community, political and media expectations |
|---|

| |
|---|
| <p>Legal</p> <ul style="list-style-type: none"> • Complaints • Duty of care • Legal and regulatory responsibilities • Medico-legal responsibilities • Statutory responsibilities • Occupational health and safety laws |
|---|

2.0 SCOPE

The purpose of this policy is to provide the structure to identify, prioritise and manage risks that affect the organisation as a whole. This policy compliments the WHS policies that assess and manage risks associated with venues, clients, hazardous substances, equipment, etc. This policy applies to the Board and all Mercy Services staff/volunteers.

3.0 POLICY STATEMENT

Mercy Services will balance the need for service innovation with the need to ensure the security/safety of the organisation, its programs and individuals. Risk assessment and risk management will be integrated into strategic and operational considerations and at all levels of staffing.

A risk assessment will be conducted before a new project is commenced and annually for existing activities/venues, etc.

A risk management process will be implemented whenever a risk assessment concludes with an Extreme or High rating. Routine activities are excluded from this policy unless mandated by the Board or Chief Executive Officer.

Resources will be made available to respond appropriately to risks.

Risk assessment and risk management will be regularly monitored and evaluated within Mercy Services programs/services.

4.0 PROCEDURES

4.01 Integration with all operations

Quality improvement and the management of risks in health care should be part of both strategic and operational planning in every area and service of health care delivery. Risk management and quality improvement should be considered when determining clinical practice, equipment design and procurement, personnel management and financial planning.

4.02 There are Five Basic Steps in the risk management process:

| Risk Management Steps | How we do this at Mercy Services |
|---|--|
| a. Identify hazards b. Assess risks that may result because of hazards | <input checked="" type="checkbox"/> Quarterly Site Inspections <input checked="" type="checkbox"/> WHS Coordinator conducts risk assessments on Client Home Visit Checklists <input checked="" type="checkbox"/> WHS Coordinator conducts risk assessments on Public Venue Checklists <input checked="" type="checkbox"/> WHS Coordinator conducts risk assessments on Pre-purchase Checklists <input checked="" type="checkbox"/> Community Transport & Day Centre Coordinators ensure risk assessments on Bus Checklists |

| Risk Management Steps | How we do this at Mercy Services |
|---|---|
| | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> WHS Coordinator conducts Client Risk Assessments <input checked="" type="checkbox"/> WHS Coordinator to maintain a Hazardous Substances Register <input checked="" type="checkbox"/> WHS Coordinator to maintain Event Risk Management Forms <input checked="" type="checkbox"/> Chief Executive Officer to identify the risks of new practices <input checked="" type="checkbox"/> Chief Executive Officer to identify and assess other organisational risks in the Risk Register & Management Plan <input checked="" type="checkbox"/> Credentialing and defining the scope of clinical practice for all clinicians reviewed before recruitment and at staff review & development meeting <input checked="" type="checkbox"/> Various clinical, HR and administrative audit processes |
| <p>c. Decide on control measures to prevent or minimise the level of the risks</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The Management Team will review the Mercy Services Risk Register & Management Plan and determine appropriate controls |
| <p>d. Implement control measures</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The Mercy Services Risk Register & Management Plan controls will be implemented by the position designated as responsible. |
| <p>e. Monitor and review the effectiveness of measures</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The Management Team will review the Risk Register & Management Plan implementation at each of its meetings <input checked="" type="checkbox"/> Staff, volunteer and client satisfaction surveys allow for feedback on safety issues <input checked="" type="checkbox"/> Recruitment and retention strategies have compliance and evaluation measures <input checked="" type="checkbox"/> Staff performance review and development <input checked="" type="checkbox"/> Clinical and performance indicators are used to monitor client and program effectiveness |

4.03 Risk Register & Management Plan

Mercy Services Management will maintain an organisational Risk Register & Management Plan that details all major risks. The Risk Register & Management Plan will contain information on:

| Item | Detail required |
|---------------------|---|
| <p>1. Number</p> | <p><i>A unique reference number for each risk identified (corresponding to the risks in Appendix C)</i></p> |
| <p>2. Risk Area</p> | <p><i>Either Corporate or Clinical</i></p> |

| | |
|-------------------------------------|---|
| 3. Risk description | <i>A description of the risk and its possible impact upon the organisation / people.</i> |
| 4. Eliminate, reduce or tolerate | <i>Decision on the management of the identified risk.</i> |
| 5. Risk control/ prevention actions | <i>The action required to manage the task.</i> |
| 6. Likelihood | <i>The probability of the realisation of the risk. (refer to matrix in Appendix 1)</i> |
| 7. Consequence | <i>The degree to which interests of the organisation / people would be harmed by the realisation of the risk. (refer to matrix in Appendix 1)</i> |
| 8. Risk Rating | <i>The correlation of Likelihood and Consequence will determine whether it is on the scale of low to extreme (refer to matrix in Appendix 1)</i> |
| 9. Start date | <i>Commencement date of initial management of risk</i> |
| 10. Review date | <i>To be reviewed regularly</i> |
| 11. Cost | <i>To be reviewed regularly</i> |
| 12. Responsibility | <i>The Manager or Coordinator who has overall responsibility for the management of the risk.</i> |

4.04 All Staff:

Every Mercy Services staff person is responsible for:

- a) Identifying hazards that their Coordinator has not mentioned or that have changed since the Coordinator's assessment;
- b) Implementing risk management processes as directed; and
- c) Providing feedback to their Coordinator on the implementation of risk management processes.

4.05 Coordinators, Counsellors and Parenting Workers:

Coordinators, counsellors and parenting workers are accountable to the Chief Executive Officer (or relevant Manager) for:

- a) Implementation of this policy and Mercy Services Risk Register & Management Plan within their respective areas of responsibility;
- b) Develop risk management plans within their respective areas of responsibility;
- c) Ensure all aspects of risk management plans are communicated and implemented;
- d) Review success and appropriateness of risk management plans;
- e) Identify training that is needed for the success of this policy;
- f) Identify and draw to the notice of their Manager, policy that may need reviewing in light of risk identification; and
- g) Keep Manager fully informed on risk assessments and risk management plans.

4.06 Managers, Director of Care and Chief Executive Officer:

The Chief Executive Officer is accountable to the Board for ensuring that a risk management system is established, implemented and maintained in accord with this policy. Assignment of responsibilities in relation to risk management is the prerogative of the Chief Executive Officer.

The Chief Executive Officer/Manager is also responsible for:

- a) Ensuring that risks identified in the quality improvement system are integrated in the organisation's Risk Register & Management Plan;
- b) The formal identification of strategic risks that impact upon Mercy Services mission;
- c) Allocation of priorities including budgets;
- d) Support Co-ordinators in their risk management roles;
- e) The development of risk management plans for new practices (Appendix B may be used);
- f) The incorporation of newly identified organisational risks in the Mercy Services Risk Register & Management Plan; and
- g) Reviewing progress against agreed Risk Register & Management Plan and communicate this to the rest of the Management Team and to the Coordinators as required.

4.07 Board of Directors

The Board of Directors is ultimately responsible for ensuring that the Chief Executive Officer has in place an adequate risk management system that is implemented and reviewed in accordance with this Policy.

4.08 Compliance

The following are mechanisms for checking that this Policy is being complied with:

- a) The Chief Executive Officer has an up to date copy of the Mercy Services Risk Register & Management Plan.

4.09 Evaluation

The performance indicator for the evaluation of this Policy is:

- a) The Mercy Services Risk Register & Management Plan is updated at least annually;
- b) The Mercy Services financial position does not experience any unexpected falls;
- c) Mercy Services programs are within 10% compliant with their required outcomes/outputs.

5.0 REFERENCES

| | |
|-----------------------------------|--|
| 1. Current Issues | a) None identified |
| 2. Australian Standards | a) AS/NZS 4360:1999 - Risk Management b) AS/NZS ISO 31000:2010 Risk management – Principles and guidelines. |
| 3. Legislation | a) Corporations Act, 2001 (Cth) b) Work Health and Safety Act, 2011 (NSW) |
| 4. Professional guidelines | a) NSW Health: Model Policy for Safe Introduction of New Interventional Procedures. |
| 5. Codes of Practice | a) nil |

| | |
|---------------------------------|--|
| 6. Codes of Ethics | a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/740 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf c) Code of Ethics for Nurses in Australia http://www.anmac.org.au/userfiles/file/New%20Code%20of%20Ethics%20for%20Nurses%20August%202008.pdf |
| 7. Evidence | a) ACHS (2010) <u>The ACHS EQulP5 Guide: Book 2 – Accreditation, Standards and Guidelines – Support and Corporate Functions</u> b) ACHS (2007) Risk Management and Quality Improvement Handbook |
| 8. Mercy Services Values | a) Justice, Respect, Care, Unity, Service |

6.0 OTHER RELATED POLICIES AND PROCEDURES

Policy sections

- A. Values Policies
- B. Board Policies
- C. Organisation Management
- D. Financial Management / Administration Policies
- E. Service Delivery
- F. Staff / Volunteers Policies
- G. Occupational Health & Safety Policies

7.0 RELATIONSHIP WITH STANDARDS

| Community Care Common Standards | Disability Standards | EQulP Standards |
|---|-----------------------------|---|
| 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 3.1, 3.3, 3.5 | 8.3, 8.5, | 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.5, 1.1.6, 1.1.7, 1.1.8, 1.2.1, 1.2.2, 1.3.1, 1.4.1, 1.5.1, 1.5.2, 1.5.3, 1.5.4, 1.5.5, 1.5.6, 1.6.1, 1.6.2, 1.6.3, 2.1.3, 2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.5, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 2.4.1, 2.5.1, 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.2.1, 3.2.2, 3.2.3, 3.2.4, 3.2.5 |

8.0 DOCUMENT CHANGES RECORD

| Dates of change | Section altered | Natures of changes made |
|------------------------|---|---|
| July 2001 | Section 2 Governance Policy Section 3 Board of Directors Policy | First record of relevant policy First record of relevant policy |
| 28/10/2009 | a) All sections | a) Major rewrite |
| 15/06/2010 | a) 4.01 b) 4.04 c) Appendix B | a) Addition of new practices b) Addition of new practices c) Added |
| 23/03/2011 | 7.0 Relationship to Standards | Replace HACC Standards and CACP Standards with Community Care Common Standards and update to EQulP 5 Standards |
| 14/07/2011 | a) 1.0 b) 3.0 c) 4.01 d) 4.03 e) 4.04-4.07 f) 5.0 g) 7.0 h) Appendix A | a) Changes to text with few categories of risk (now only Corporate or Clinical) b) Addition of risk assessment/ management being integrated and monitoring & evaluation c) New section d) New section e) Sections re-numbered due to addition of new sections |

| | | |
|--------------------------|---|--|
| | <ul style="list-style-type: none"> i) Appendix B j) Appendix C | <ul style="list-style-type: none"> f) Additional Aus/NZ Standard, Codes of Ethics and ACHS documents added g) Additional Standards added h) Example time periods added to Risk Assessment matrix, rewording and additional questions to match Risk Register items i) Minor rewording in 4 and 14 j) New section |
| 12/08/2011 | <ul style="list-style-type: none"> a. 4.02 b. 4.03 c. 4.08 and 4.09 d. Appendix C | <ul style="list-style-type: none"> a. Simplification of requirements and some changes in position responsible b. Appendix C numbering becomes the unique identifier c. New sections d. Swapped bullets for numbers |
| 16/04/2012 | <ul style="list-style-type: none"> a. 4.02 b. All sections c. 5.0 References | <ul style="list-style-type: none"> a. Minor changes to the wording of how some Risk Management steps will be accomplished b. Rename Risk Register to Risk Register & Management Plan and change OHS to WHS c. Updated Codes of Ethics and added Current Issues |
| 14/11/2012 | All Sections | Organisation name updated |
| 16/12/2015 | <ul style="list-style-type: none"> a. All sections b. 2.0 Scope | <ul style="list-style-type: none"> a. General Manager changed to Chief Executive Officer b. Renamed from previous title Purpose |
| Review due 16/12/2018 | | |

APPENDIX A.

Risk Management Plan - Organisational

Each risk needs to be given a rating based on its consequence and likelihood.

| Likelihood | |
|--|--|
| A= Almost Certain: Expected to occur (e.g., most weeks or months) | |
| B= Likely: Will probably occur (e.g., several times a year) | |
| C= Possible: Might occur at sometime (e.g., every 1 to 2 years) | |
| D= Unlikely: Not likely to occur (e.g. in the next 2 to 5 years) | |
| E= Rare: Exceptional circumstances (e.g., every 5 to 30 years) | |

| Consequence | | A | B | C | D | E |
|---|---|----------|----------|----------|----------|----------|
| 1= Catastrophic: Extreme environmental/equipment damage; death or permanent disability, Irreparable damage to reputation/ Financial cost: bankruptcy | 1 | E | E | E | E | H |
| 2= Major: Severe environmental/equipment damage: Long term illness or serious injury, Embarrassment leads to negative reputation that is public knowledge and lasts for a year/Financial cost: up to \$500,000 | 2 | E | E | E | H | H |
| 3= Moderate: Injury causing several days off work or treatable environment/equipment damage, Embarrassment becomes known to key stakeholders & requires intervention of Manager or consultant/Financial cost: up to \$50,000 | 3 | E | H | H | M | M |
| 4= Minor: Low level environmental/equipment damage, First aid treatment, Embarrassment reparable by worker immediately/Financial cost: less than \$500 | 4 | H | H | M | L | L |
| 5= Insignificant: Minimal environmental/equipment damage, No injuries, | 5 | H | M | L | L | L |

RATING: **E = Extreme** **H = High** **M = Moderate** **L = Low**

| | |
|--------------------------------|--|
| Name of Recorder/s: | |
| Date Hazard Identified: | |
| Hazard Identified: | |
| Location of Hazard: | |

1. RISK ASSESSMENT

Add written description here

The nature of the risk is: Corporate Clinical

| |
|--|
| Management response to risk: <input type="checkbox"/> Eliminate <input type="checkbox"/> Reduce <input type="checkbox"/> Tolerate |
| Manager making this decision: |

| | | |
|---|---------------------|----------------|
| RISK: (Potential harm or danger) | | |
| Likelihood: | Consequence: | Rating: |

2. RISK CONTROL/PREVENTION ACTIONS:

| Aspects | Control Measures To Be Taken | Person responsible | Commencement Date |
|---------|------------------------------|--------------------|-------------------|
| | | | |
| | | | |
| | | | |

3. AGREEMENT BY PARTIES TO IMPLEMENT RISK MANAGEMENT PLAN

| | | |
|--------------|-------------------|--------------|
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |
| Name: | Signature: | Date: |

4. RISK MANAGEMENT PLAN REVIEW – Date _____

The Elimination/Control Measure Implementation of this **RISK MANAGEMENT PLAN** has been:

| | |
|---------------------------------------|---|
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Non-satisfactory |
| Name: | Signed: |
| Date: | |

Is there evidence that this Risk Management Plan is no longer valid?..... Yes / No

Has there been an injury or illness because of this hazard?..... Yes / No

Have there been changes to the work process, technology or the environment?..... Yes / No

If you answered 'Yes' to any of the above, please make comments and complete a new Risk Management Plan

.....

APPENDIX B

APPLICATION FORM / CHECKLIST FOR THE INTRODUCTION OF A NEW PRACTICE

Date: / /

Name of New Practice:

Name of Individual or Program/Service making the application:

1. Has this practice been used elsewhere? YES NO
If YES, please attach details

Has this practice been evaluated elsewhere? YES NO
If YES please attach details

2. Does this new practice replace current practices? YES NO
If YES, does this new practice have advantages over current practices?

If YES, please attach details. YES NO

3. If the practice involves the use of a new device/equipment, has the device been approved for this purpose: YES NO

4. Are there specific training requirements for the proposed practice? YES NO
If YES, please attach details of names, qualifications and evidence of training

5. Has a client information sheet been developed? YES NO
If YES, please attach (the client must indicate their understanding of the practice by signing and dating the client information sheet)

6. Have specific risks arising from this practice been considered and will clients be explicitly informed about these? YES NO

7. Will outcomes be monitored by a database / register? YES NO
If YES, please attach details

8. Will outcomes be reviewed regularly? YES NO
If YES, please attach details

9. If the practice carries with it a risk for adverse events are there criteria for reviewing outcomes before any further practices are performed? YES NO
If YES, please attach details

- 10. **Have direct and indirect costs been considered? YES NO**
If YES, please attach details
- 11. **Have staffing requirements been considered? YES NO**
If YES, please attach details
- 12. **Has the impact on other programs been considered? YES NO**
If YES, please attach details
- 13. **Have Occupational Health & Safety requirements been addressed? YES NO**
If YES, please attach details
- 14. **Please indicate the number of clients/activities anticipated to be performed per year**

| | |
|--|---|
| APPROVAL YES NO | Due date for first progress report..... |
| <i>Conditions:</i> | |
| <i>Name of Facility/ies at which practice is approved:</i> | |
| Signed: | |
| <i>Manager:</i> | <i>Chief Executive</i> |
| <i>Officer:</i> | <i>Date</i> |

| |
|--|
| PROGRESS REPORT Date: _____ |
| <i>(The completed form is to be sent to site Manager for signing and then to the Chief Executive Officer who will take it to the Management Team meeting.)</i> |
| 1. Has the practice been introduced? YES NO <i>If yes, please give commencement date</i> <i>If no, please give reasons:</i> |
| 2. How many practices have been performed? |
| 3. Have outcomes been measured? YES NO <i>Please list a summary of progress and key outcomes on a separate page</i> |
| 4. Have there been any adverse outcomes or significant problems? YES NO <i>If yes, please list details on a separate page</i> |
| 5. Is the practice to continue to be employed? YES NO |
| Progress Report Completed by (name): |
| Reviewed by: Site/Program Manager (name & date):..... |

APPENDIX C

The tables below indicates the range of organisational risks and their relationship to EQulP4 Standards:

| Clinical Risks | |
|---|---|
| Clinical Risk Management issues and relevant EQulP Standards (ACHS 2007:10) | Clinical effectiveness monitoring issues and relevant EQulP Standards (ACHS 2007:11) |
| 1. Staff Skills and Competency (EQulP Standards: 2.2.1; 2.2.2; 2.2.3; 2.2.4; 2.2.5; 3.1.3) | 15. Incident Investigation and Trends (EQulP Standards: 1.5.1; 1.5.2; 1.5.3; 1.5.4; 1.5.5; 1.5.6; 2.1.3) |
| 2. Patient Assessment (EQulP Standards: 1.1.1; 1.1.2; 1.1.4; 1.1.8; 1.6.3) | 16. Complaint Investigation and Trends (EQulP Standards: 1.6.1; 1.6.2; 2.1.3) |
| 3. Medication Management (EQulP Standards: 1.5.1) | 17. Morbidity and Mortality Reviews (EQulP Standards: 1.1.7; 1.3.1; 1.4.1; 1.5.2; 2.3.2; 2.3.3) |
| 4. Falls Prevention (EQulP Standards: 1.5.4) | 18. Patient Satisfaction Surveys (EQulP Standards: 1.6.1; 2.1.3) |
| 5. Blood Management (EQulP Standards: 1.5.5) | 19. Clinical Audit (EQulP Standards: 1.1.2; 1.1.4; 1.1.7; 1.1.8; 1.3.1; 1.4.1; 2.3.2; 2.3.3) |
| 6. Pressure Area Management (EQulP Standards: 1.5.3) | 20. Clinical Indicators (EQulP Standards: 1.1.7; 1.3.1; 1.4.1; 1.5.1; 1.5.2; 1.5.3; 1.5.4; 2.1.3; 2.3.2; 2.3.3) |
| 7. Outcome Focussed Pathways (EQulP Standards: 1.1.1; 1.1.2; 1.1.4; 1.1.5; 1.1.6; 1.1.8; 1.3.1; 1.4.1; 2.3.3) | 21. Limited Adverse Outcome Screening (EQulP Standards: 1.1.1; 1.1.3; 1.1.8; 2.1.3; 2.3.1) |
| 8. Infection Prevention (EQulP Standards: 1.5.2) | 22. External Audits / Reviews (EQulP Standards: 1.1.4; 1.3.1; 1.4.1; 2.3.3) |
| 9. Correct patient, correct procedure, correct site (EQulP Standards: 1.5.6) | 23. Performance Review (EQulP Standards: 2.2.3; 3.1.3) |
| 10. Evidence Based Care (EQulP Standards: 2.4.1; 2.5.1) | 24. Open Disclosure (EQulP Standards: 2.1.3) |
| 11. Credentialing (EQulP Standards: 3.1.3) | 25. Research (EQulP Standards: 2.5.1) |
| 12. Admission & Discharge Planning (EQulP Standards: 1.1.5; 1.1.7; 1.2.1; 1.2.2) | |
| 13. Managing Deteriorating / Dying Patients (EQulP Standards: 1.1.1; 1.1.2; 1.1.6; 1.1.7) | |
| 14. Health Promotion (EQulP Standards: 1.6.1; 2.4.1) | |

| Corporate Risks | |
|--|--|
| Organisational risk management integrated strategies and relevant EQulP Standards (ACHS 2007:12) | Organisational risk management effectiveness monitoring issues and relevant EQulP Standards (ACHS 2007:13) |
| 26. Skilled, Safe Workforce (EQulP Standards: 2.2.1; 2.2.2; 2.2.3; 2.2.4; 2.2.5; 3.1.3) | 38. Incident Investigation and Trends (EQulP Standards: 1.5.1; 1.5.2; 1.5.3; 1.5.4; 1.5.5; 1.5.6; 2.1.3) |
| 27. Financial Sustainability (EQulP Standards: 3.1.1; 3.1.2) | 39. Complaint Investigation and Trends (EQulP Standards: 1.6.1; 1.6.2; 2.1.3) |
| 28. Equipment & Supplies (EQulP Standards: 3.2.1; 3.2.2) | 40. Internal and External Audit Reviews (EQulP Standards: 1.1.8; 3.1.1; 3.1.4; 3.2.3; 3.2.4; 3.2.5) |
| 29. Information Systems (EQulP Standards: 1.1.8; 2.3.1; 2.3.2; 2.3.3; 2.3.4) | 41. Stakeholder Satisfaction (EQulP Standards: 3.1.2; 3.1.4; 3.2.1) |
| 30. Compliance (EQulP Standards: 1.1.3; 2.3.4; 3.1.5; 3.2.2) | 42. Controls Assurance (EQulP Standards: 1.1.8; 3.1.5; 3.2.1; 3.2.5) |
| 31. Insurance & Business Continuity Program (EQulP Standards: 3.1.1; 3.1.2) | 43. Claims and Claims Management (EQulP Standards: 3.2.1) |
| 32. Building Plant & Maintenance (EQulP Standards: 3.2.2; 3.2.4) | 44. Disclosure (EQulP Standards: 2.1.3) |
| 33. Support: Linen, Food, Cleaning (EQulP Standards: 1.5.2; 3.1.4; 3.2.1) | 45. Evidence Literature Information (EQulP Standards: 1.1.4; 1.4.1; 2.5.1) |
| 34. Research Literature Standards (EQulP Standards: 2.5.1) | 46. Internal Reporting / Indicators (EQulP Standards: 2.1.3; 2.3.3) |
| 35. 3rd Party Management: (EQulP Standards: 3.1.4; 3.2.4) | 47. Performance Review (EQulP Standards: 2.2.3; 3.1.3) |
| 36. Strategic Plan / Business Services (EQulP Standards: 2.3.2; 3.1.1) | |
| 37. Accountabilities & Delegations (EQulP Standards: 3.1.1; 3.1.2) | |